

October 13, 1997

Office of Statewide Health  
Planning and Development  
Health Policy and Planning Department  
1600 9th Street, Room 350  
Sacramento, CA 95814

Dear Sir:

Results of OSHPD's third report on MI mortality covering patients admitted to Kaweah Delta Health Care District have been reviewed by the medical staff. The methodology employed has also been reviewed. Discussion with our cardiology staff has resulted in the following observations:

1. The risk adjustment methodology is reasonable and leads to calculated, expected mortality rates that are not unexpected. However, these rates have wide confidence intervals.
2. The observed mortality rates at Kaweah Delta Health Care District are within these confidence intervals.
3. The inclusion of patients with principle diagnoses presumed to represent AMI complications, when a secondary diagnosis of AMI (ICD-9 codes of 410.0 and 410.1) is used, is problematic. We believe this inclusion of patients distorts the mortality rate measurement reasonably attributed to AMI. Patients with these "complications" have very high mortality rates and many have no reasonable evidence of AMI despite the fact that they receive this diagnosis.
4. The most important criticism that can be leveled, however, is that these mortality rates reflect patients treated long ago, 1991 through 1993. Our internal measures show this mortality rate to be decreasing; in 1996 the AMI mortality rate at Kaweah Delta Health Care District was approximately 8%. This contrasts sharply with 16.4% rate in 1991-1993. If the public is to make judgments of hospital quality, they will be acting on information that is outdated.

5. Another important criticism is the lack of process measures considered in recognizing facilities as "better than expected." **We believe that process measures can also identify facilities that are providing care that is "better than expected."** Such measures are widely reported and include appropriateness of drug use, acutely and at discharge, timeliness of drug use, and other process measures.
6. CMRI evaluation of such process measures has been demonstrated superior performance at Kaweah Delta Health Care District with respect to the use of aspirin, ACE inhibitors, and Beta-Blockers, as well as avoidance of Calcium Channel Blockers for patients with low ejection fractions.

If you have any questions regarding this response, please call me at 209)625-7221.  
Thank you.

Sincerely,



Tom Johnson  
Chief Executive Officer